

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 03-11	2. STATE Louisiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2003	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT


COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 1902(l)(3)(E), 1902(r)(2) and 1902(f) of the Act	7. FEDERAL BUDGET IMPACT: a. FFY <u>2003</u> \$657.62 b. FFY <u>2004</u> \$1,709.44
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6-A, Page 11a Supplement 8a to Att 2.6-A, Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 92-07) Same (TN 91-23)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to amend the monthly gross income eligibility criteria for low-income pregnant women.**

11. GOVERNOR'S REVIEW (Check One):

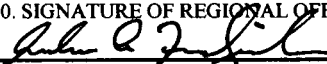
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☒ OTHER, AS SPECIFIED: **The Governor does not review state plan material**
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: State of Louisiana Department of Health and Hospitals 1201 Capitol Access Road PO Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME: David W. Hood	
14. TITLE: Secretary	
15. DATE SUBMITTED: March 25, 2003	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 26 MARCH 2003	18. DATE APPROVED: 20 MAY 2003
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 JANUARY 2003	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: ANDREW A. FREDRICKSON	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(1)(3)(E) and 1902(r)(2) of the Act	<p>e. <u>Poverty level pregnant women, infants, and children.</u> For pregnant women and infants or children covered under the provisions of sections 1902(a)(10)(A)(i)(IV), (VI), and (VII), and 1902(a)(10)(A)(ii) (IX) of the Act—</p> <p>(1) The following methods are used in determining countable income:</p> <p>___ The methods of the State's approved AFDC plan.</p> <p>___ The methods of the approved title IV-E plan.</p> <p><u>X</u> The methods of the approved AFDC State plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p>___ The methods of the approved title IV-E plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p>

SUPERSEDES: TN- 92-07

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>3-26-03</u>	
DATE APP'D	<u>5-20-03</u>	
DATE EFF	<u>1-1-03</u>	
HCFA 179	<u>LA 03-11</u>	

TN No. 03-11 Approval Date 5-20-03 Effective Date 1-1-03
Supersedes

TN No. 92-07

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 8a to ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902 (r) (2) OF THE ACT*

☐ Section 1902 (f) State

☒ Non-Section 1902 (f) State

The Bureau of Health Services Financing disregards the first 15 percent of monthly gross income under the federal poverty level standards when determining Medicaid eligibility for low-income pregnant women.

SUPERSEDES: TN- 91-23

STATE <u>Louisiana</u>	A
DATE REC'D <u>8-26-03</u>	
DATE APPROV'D <u>5-20-03</u>	
DATE EFF <u>1-1-03</u>	
HCFA 179 <u>LA 03-11</u>	

*More liberal methods may not result in exceeding gross income limitations under section 1903 (f).

TN No. 03-11 Approval Date 5-20-03 Effective Date 1-1-03
Supersedes

TN No. 91-23

HCFA ID: 7985 E